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AUTHOR Tworek, Richard K.
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ABSTRACT

In an effort to reduce duplication of educational services and improve career opportunities, the East Central Illinois Community College Consortium (ECICCC) was created to provide cooperative allied health education programs. Four institutions, Danville Junior College, Lake Land College, Parkland College, and Richland Community College, participated in designing the consortium, prioritizing potential program areas, developing research instruments and methods, and conducting area needs assessments. A Dietetic Technical Program (food service management option) was selected as the first program to be implemented and an Instructional Coordinator was employed to develop the curricular structure for the program and proceed with implementation. This report presents an overview and definitions of the consortium concept, the historical background concerning the development of ECICCC, and describes the administrative decision-making processes which characterized the consortium. The report concludes with a discussion of the strengths of the consortium and also potential problem areas which must be overcome to insure its successful operation. (DR)

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PLANNING AND DEVELOPING A REGIONAL COMMUNITY COLLEGE ALLIED HEALTH CONSORTIUM: A CASE DESCRIPTION

Richard K. Tworek, Ph.D.
Director, Health Services Institute
Chicago City-Wide College
185 North Wabash Avenue
Chicago, Illinois 60601
312/977-2547
(Dr. Tworek was formerly a Staff Associate with the University of Illinois College of Medicine-Area Health Education System, Region 3-B, Champaign, Illinois.)

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ABSTRACT

PLANNING AND DEVELOPING A REGIONAL COMMUNITY COLLEGE ALLIED HEALTH CONSORTIUM: A CASE DESCRIPTION

The University of Illinois College of Medicine-Area Health Education System, Region 3-B was instrumental in facilitating the development of a regional allied health consortium among four district community colleges in East-Central Illinois. The East-Central Illinois Community College Consortium (ECICCC), was formally incorporated in July, 1976. The consortium's first effort was the implementation of a Dietetic Technician Program (Food Service Management Option) developed in a regionalized interinstitutional design.

This paper presents an overview of the consortium concept, the historical background concerning the planning and development of the East-Central Illinois Community College Consortium, and describes the administrative decision-making processes which led to the successful implementation of this project. Several issues related to attitudes and concerns in the planning process and the administrative and political process for the consortium's development are presented.

The successful development of the East-Central Illinois Community College Consortium was a timely effort made by the participating institutions in an attempt to decrease institutional expenditures by alleviating duplicative efforts in program development, while striving to provide expanded educational opportunities for their students and the required health manpower personnel for their communities.

Introduction

The Area Health Education System (AHES) project was established on October 1, 1972. This project awarded by Federal contract to the University of Illinois College of Medicine, was one of eleven nationwide Area Health Education Center (AHEC) contracts. Federal support for the AHEC concept was authorized through enactment of the Health Manpower Education Initiative Awards, Section 774 of the Comprehensive Health Manpower Training Act of 1971. The AHEC concept originated as a result of an October, 1970 special report of the Carnegie Commission on Higher Education, emphasizing problems of acute shortage of health care manpower personnel in the United States. The Carnegie Commission reported that shortages of health workers were attributed partially to: a) limitations of existing training resources such as clinical education facilities and teaching manpower, b) the lack of communication between levels of training, c) fragmented or duplicative education programs, and d) inadequate financing. In an attempt to overcome the inefficiencies, duplication, and high costs involved in the delivery of health care, the Commission proposed a regional system of medical, allied health, and nursing education, which in October, 1972 evolved as Area Health Education Centers.[1]

The theme for the Illinois AHES project was "regionalization", and its mission statement was to "Improve the availability and quality of appropriate types of health manpower in predetermined areas in Illinois" by:

1. Catalizing and providing direct support for community/regional efforts to reach agreements regarding educational programs needed to plan for interinstitutional cooperative programming to meet such needs,
2. Catalizing and cooperating in the development of the necessary and

appropriate organization, financing, and approvals to implement and support interinstitutional programming and

3. Planning, developing and operating University of Illinois regional components consistent with such community/regional plans and with University of Illinois capabilities.[1]

The Illinois AHES philosophy of support for interinstitutional programming provided the impetus for facilitating the design and development of the East-Central Illinois Community College Consortium.

Consortium Defined

Institutions at the post-secondary and higher education level have traditionally been considered as independent entities primarily concerned with maintaining their autonomy and operating in a competitive atmosphere. However, recent trends such as decreasing student enrollments and funding, with increasing operating costs have created a transition from the traditional parochial attitudes of institutional independence to an atmosphere of interinstitutional cooperation.[2-7] Wells (1967) summarized this trend towards interinstitutional cooperation as follows:

> The Day has long since passed when a college or university can consider itself a fort of knowledge, jealously guarding unto itself its hoard of facts and ideas. Academic isolation has long been impractical; in today's world, it is impossible. At a time when yesterday's bright new fact becomes today's doubt and tomorrow's myth, no single institution has the resources in faculty or facilities to go it alone. A university must do more than just stand guard over the nation's heritage, it must illuminate the present and help shape the future. This demands cooperation--not a diversity of weaknesses, but a union of strengths.

Interinstitutional cooperation may be categorized under two major headings; statutory and voluntary. Statutory arrangements are involuntary forms of cooperation established as statutory legislative systems of education located within predetermined political boundaries. Voluntary

arrangements, on the other hand, are a form of interinstitutional cooperation organized by mutual consent of participating institutions located in geographical boundaries established to meet the needs of the member institutions.[4,9] These voluntary cooperative arrangements are also known as a consortium. Another form of interinstitutional cooperation that is gaining wide use, is articulation.[10] This paper will focus on the consortium as the voluntary cooperative arrangement developed among four district community colleges in East-Central Illinois.

Johnson (1971) defined a consortium "...as a voluntary combination of three or more higher educational institutions for the joint attainment of one or more mutually desired objectives through formed machinery, usually characterized by special officers, a representative policy-making body, a separate budget, authority to sustain and extend itself as a new corporate entity, and common programs distinct from those of the constituent members."[11] Lewis Patterson established five major criteria as a means of identifying the various consortia in operation; these five criteria indicate that each consortium:

(1) is a voluntary formal organization,
(2) has three or more member institutions,
(3) has multi-academic programs,
(4) is administered by at least one full-time professional, and
(5) has a required annual contribution or other tangible evidence of long-term commitment of member institutions.[12]

The first known consortium in the United States, as far as this writer can determine, originated in 1925 with a group of colleges in California known as the Claremont Colleges.[7] A second consortium known as the Atlanta University Center was organized four years later in 1929.[2] However, it was not until the 1960's that consortium development proliferated due to the assistance of federal funding from Title III of the Higher Education Act of 1965.[12,13] Title III of this Act provided funds for

organizing cooperative programs among developing institutions. The majority of today's consortiums have been organized since the implementation of this Act in 1965.

Developing the Consortium

The series of events leading to the development of the East-Central Illinois Community College Consortium began in March 1974 when the career program staff from Danville Junior College, Lake Land College, Parkland College, and Richland Community College met to discuss the feasibility of regionalizing an existing respiratory therapy technician program that was offered at Parkland College. The result of this meeting initiated a manpower need assessment survey for respiratory therapy technician personnel among the 28 hospitals in Region 3-B. According to the findings of this survey, a large number of clinical facilities were interested in an expanded training program for respiratory therapy, but in spite of this finding, the representatives of the four community colleges were reluctant to commit their institutions to further consider the cooperative project. Factors which precluded the four colleges from actively participating in an interinstitutional respiratory therapy program were: 1) The legal aspect of Illinois Community College legislation required the college districts to emphasize program admissions with in-district residents, 2) the difficulty in allowing students to cross community college district boundaries to utilize out-of-district clinical training sites and 3) there were difficulty in assuring the quality of clinical experience at sites distant from the full-time academic faculty and, as a result, could contribute to endangering potential accreditation for a regionalized program structure.

The lack of concerns for an interinstitutional regionalized respiratory therapy technician program by the career program staff at the four

community colleges prompted the AHES Regional Coordinator to initiate a series of individual meetings with each of the community college presidents. In June 1974 a group meeting between the AHES coordinator and the college presidents resulted in a general commitment by the presidents for investigating the feasibility of an interinstitutional effort in allied health education programs. The presidents agreed that additional support staff were necessary as an alternative to overburdening existing college personnel with interinstitutional developmental responsibilities. It was also decided that only non-existing health programs be considered for the initial interinstitutional program effort. The reluctance of the presidents to consider existing health programs in a cooperative model was attributable to the institutions' reluctance to disrupt: 1) existing program approvals, 2) program curricular structure and, 3) faculty responsibilities.

The search for a qualified candidate to provide the general staff support necessary to explore the feasibility of an interinstitutional effort in allied health education took approximately 12 months. The general job description and qualifications for the staff position were agreed upon by the community college presidents. The search, interviews and employment of the staff member were accomplished by the AHES Regional Coordinator, with input from the presidents and several of their faculty. The staff member was finally hired in July 1975.

This AHES staff member, who is the writer of this paper, had the major responsibility for developing a feasible program model for offering technical level health professions education on a regional basis. Specific objectives included:

--The establishment of basic principles involved in undertaking the development of allied health education programs on a regional basis,

--The identification of problems associated with specific health professions,

--The analysis of the financial implications related to a regional program model, and

--The establishment of a plan, including a timetable, for the implementation of a regional program model.

The major purpose of the AHES staff member was to act as a facilitator in the development of a regional community college consortium for allied health education programs. The development of regionalized health programs was a major objective of the AHES project in Illinois, which was consistent with the Illinois Board of Higher Education Master Plan-Phase III. The Master Plan established priorities for collaboration and interinstitutional cooperation among its member institutions.[14] The Illinois Board of Higher Education's Commission on Health Education had also established eight recommendations calling out the need for institutions to cooperate in an interinstitutional effort for the planning and implementation of allied health education t provide more effective use of limited clinical resources, broaden educational experiences and expand career mobility for students and ultimately, to reduce high costs of duplicating health education programs to meet individual district needs.[15]

The initial activity of the AHES facilitator was to become oriented to the attitudes toward the region's concept for interinstitutional cooperation by meeting with the college presidents, the Illinois Community College Board and Illinois Board of Higher Education staff. Informal meetings among these agencies helped identify the mutual support for some form of cooperative arrangement among the community colleges.

The informal meetings evolved into a community college consortium planning committee consisting of the colleges' chief executive officers and their designated representatives, with the AHES facilitator acting as chairman.

Several formal planning meetings were held to discuss the methods and procedures for designing and implementing the community college consortium. The initial meeting held in September 1975, identified and prioritized nine allied health programs; Dietetic Technician (Food Services Management Option), Medical Laboratory Technician, Mental Health Associate, Physical Therapy Assistant, Radiation Therapy Technician, Associate Degree Registered Nursing, Respiratory Therapist, Medical Records Technician and Dental Hygiene. Each program was evaluated in terms of the number of programs currently available in Illinois, the entrance requirements, the program's curricular structure, and the interest and need for each of the programs in the region made up of the four community college districts. Following the program evaluations, the committee members were asked to prioritize the programs by selecting two or three alternates for an indepth feasibility study to be conducted by the AHE: Region 3-B staff and members of the participating institutions. The indepth studies assessed the programs in terms of regional manpower requirements and their financial feasibility. The programs prioritized and selected by the planning committee for further investigation were the dietetic technician (food management option) and the medical laboratory technician programs.

Subsequent consortium planning meetings were held to develop research instruments and the methodology for organizing the consortium. In October 1975, a meeting resulted in the design of a study to determine which of the two programs would be most feasible for implementing in the consortium. The meeting of February 1976, identified the dietetic technician program (food service management option) as the most feasible program for initiating the consortium. This determination was based on data collected from a regional manpower need assessment study on the two programs[16] and a cost-benefit analysis on instructional unit costs conducted to determine which of

the two programs were most financially feasible for the consortium.[17] Several meetings held through May 1976, resulted in the design of an Inter-institutional Joint Agreement and the Consortium's Constitution. The net result of the planning committee meetings was the formal incorporation of the East-Central Illinois Community College Consortium (ECICCC) on July 1, 1976. The four member institutions whose combined college districts covered a 22 county-wide area of East-Central Illinois were, Danville Junior College, Danville, Il., Lake Land College, Mattoon, Il., Parkland College, Champaign, Il., and Richland Community College, Decatur, Il.

A Consortium Board of Directors consisting of one representative from each of the four member institutions provided the mechanism of governance for the consortium. The Board also elected Parkland College's representative as the consortium Board's first chairman. The rationale for selecting Parkland as the administrative site for the consortium was due to several reasons. First, Parkland College was located centrally to the other member colleges and thus, logistically offered an equidistant location for Board meetings and other consortium activities. Second, Parkland College had the strongest allied health program offerings of the four colleges and could provide the consortium more direction from experience.

The first ECICCC Board of Directors meeting was held in August 1976, where plans were made to recruit a full-time Instructional Coordinator for developing the dietetic technician program. Recruiting efforts of the screening committee made up of the AHES facilitator, three registered dietitians and the Director of Personnel from Parkland College, lasted six months, before the Board finally decided on hiring two part-time coordinators. This decision was based on the fact that the national market for qualified educational administrators in the food service management area of dietetics appeared to be extremely sparse. The most qualified candidate

was interested in a part-time position and consequently, was offered a 60 per cent appointment to the program in February 1977. An additional 40 per cent assistant coordinator was hired three weeks later.

The primary responsibilities of the Instructional Coordinator was to develop the curricular structure for the program, establish program advisory committees at the four college districts and at the regional level, and to submit the necessary program approval forms to the Illinois Community College Board and Board of Higher Education. The remaining responsibilities of the coordinators involved identifying the logistics for program implementation, i.e., identification of clinical teaching sites, and regional mobility of the consortium program's students, faculty, and related instructional resources. The ECICCC program received State of Illinois approval in June 1977.

Consortia: Strengths and Weaknesses

The strengths of a consortium are apparent from its organizational and administrative effectiveness. The objectives identified in the East-Central Illinois Community College Consortium's Constitution exemplifies the basic advantages for consortia:

--To expand the number and variety of educational opportunities available to students.

--To reduce or avoid unnecessary or wasteful duplication in programs and facilities.

--To encourage member institutions to share faculties, facilities and other resources in order to achieve economies and expand educational opportunities.

--To encourage improved patterns for exchanging and disseminating information needed to improve the operating efficiency of the member institutions.

--To develop programs through which the member institutions can upgrade their contributions to the solution of regional problems.

--To encourage articulation of curricula in order to provide steps toward the creation of career ladders, and

--To cooperate with existing professional and educational groups in order to promote the purposes and objectives of the organization.

Although financial gains resulting from a consortium were not specifically mentioned in the strengths and advantages mentioned above, the joint effort of multiple institutions sharing a common program can contribute to a long-range cost savings to the participating institutions. Fritz Grupe mentioned that, "The growth of cooperation within a consortium leads to an exchange of information at a very low cost that probably would have been absent...This use of internal resources, in my estimation, is most important but receives the least attention."[18]

The weaknesses of a consortium are more evident from the standpoint of problems that must be overcome in the planning and development of a consortium. These weaknesses are not a result of the consortium, but are due to the traditional air of independence and competitiveness among institutions of post-secondary and higher education. If institutions seeking to form a consortium do not overcome these areas of institutional autonomy and independence, their efforts to succeed in the cooperative venture will result in much difficulty and eventual failure. Several areas that must be overcome are:

--Deciding upon a common program of interest among the participating institutions.

--Deciding upon a mechanism to share the costs for the program.

--Obtaining supportative funds to cover the developmental expenses.

--A mechanism required to overcome the need for each participating institution to prioritize available space to meet the needs of its own students outside of the consortium.

--Deciding upon a degree-granting mechanism.

--Logistical problems of transporting students or sharing of teaching faculties and staff.

--Cooperation and involvement of clinical teaching facilities throughout the consortium's region, and perhaps most important,

--A need for a general agreement upon a "give and take" attitude to remove the autonomous competitive atmosphere of "self-identity" and "self-preservation" among the participating institutions.

These strengths and weaknesses for developing consortia have been documented and supported by the findings of other educators.[19-23]

Conclusion

The trends and issues of interinstitutional cooperation as presented in this paper present some of the attributes creating increasing acceptance of the consortium concept. The current problems of post-secondary and higher education, such as decreasing student enrollments and sources of funding with simultaneous increasing instructional costs, are persuading many institutions to consider using consortiums. Many consortiums are being used as administrative vehicles to assist in meeting community manpower needs, increasing educational opportunities for their students while, at the same time, reducing costly curricular duplication. This paper elaborated on the methods for developing a community college consortium for allied health education; however, the potential sharing of instructional resources and institutional facilities can provide an unlimited application for consortia.

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